



The Metro High School Police Academy

"Partnerships for the Future"

APPLICATION FOR ENROLLMENT IN ACADEMY

PLEASE PRINT OR TYPE ALL INFORMATION

NAME: _____
(Last) (First) (Middle)

DATE OF BIRTH ____/____/____ SEX: Male____ Female____

HOME ADDRESS/CITY/ZIP: _____ ZIP CODE _____

HOME PHONE: _____ WORK/CELL PHONE: _____

HIGH SCHOOL: _____ CURRENT H.S. GRADE LEVEL: JUNIOR/SENIOR

EMPLOYER: _____

COLLEGE(S) APPLIED OR ADMITTED TO: _____

DO YOU HAVE ANY KNOWN ALLERGIES? YES ____ NO ____

IF YES, WHAT? _____

DO YOU CURRENTLY TAKE ANY MEDICATIONS? YES ____ NO ____

IF YES, WHAT? _____

Have you ever been arrested for any offense other than a traffic violation? YES ____ NO ____
(If yes, state when, where and describe the circumstances on back of this paper)

I, _____, hereby authorize the following:
(PRINT FULL NAME)

East Grand Rapids Public Safety, Grandville Police, Kentwood Police, Kent County Sheriff's Department, Rockford Public Safety, Walker Police, Michigan State Police, Grand Rapids Police, Grand Rapids Community College Police, Grand Valley State University Police and Wyoming Department of Public Safety to conduct a criminal history record and background check for the purpose of evaluating my application.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____
(Parent or legal guardian, if applicant is under 17 years of age)

SHORT SIZE S ____ M ____ L ____ XL ____ 2XL ____ 3XL ____

POLO SHIRT SIZE S ____ M ____ L ____ XL ____ 2XL ____ 3XL ____

WAIST/BELT SIZE (IN INCHES) _____"

RIGHT-HANDED

LEFT HANDED

Deadline for submittal is Friday April 14th, 2017

Forward any questions to your local police jurisdiction, School Resource Officer or Sgt. Brian Look at the Wyoming Department of Public Safety at (616)257-9711 or lookb@wyomingmi.gov